

Plague Case Investigation

Case Classification: Confirmed Probable Suspect Not a Case

P A T I E N T	Last Name _____ First Name _____ MI _____ (_____) _____ Patient's Phone Number _____			
	Street Address _____		City _____	County _____ Zip _____
	Age: _____	Date of Birth: _____	Sex: M F	
	Race: White Black Asian Native American Other _____		Hispanic: Yes No Unknown	

C O U R S E	Date of Onset: _____ Date hospitalized? _____ Hospital? _____		
	Presenting Symptoms: _____		
	Temp _____ BP: ____/____ Pulse: _____ Respiration Rate: _____		
	Outcome (Circle): Recovered Died Date of Discharge or Death: _____ Discharge Diagnosis: _____		
	Clinical Presentation (Circle all that apply) Bubonic Plague Pharyngeal Plague Pneumonic Plague Septicemic Plague Other: _____		
	Attending Physician: _____ (_____) _____ (_____) _____ (_____) _____ (Name) (Phone) (Fax) _____ Address _____ City _____ ZIP _____		

M E D I C A L	Circle Response (Yes, No, Unknown):		Insect Bites: Y N U Location: _____	
	Fever: Y N U Date of fever onset: _____		Cough: Y N U If yes, productive? Y N U	
	Max temp: _____ ° F		Date of Onset of Cough: _____	
	Pulse at time of max temp: _____		Pneumonia: Y N U	
	Bubo: Y N U		Other (describe): _____	
	If yes, location: Inguinal Femoral Cervical L Axillary R Axillary			
Other: _____				
Size _____ cm Tender Y N U Erythema Y N U				
Skin Ulcer: Y N U Location: _____				

T R E A T M E N T	Antibiotic	Dosage/Schedule	Date Started	Date Stopped

X R A Y	Type	Date	Results

Patient's Name: _____

LABORATORY DATA	Serology Date	Type of test	Results	Laboratory Name
	Culture date	Specimen type	Results	Laboratory Name
	Other Tests (specify)	Specimen Type	Results	Laboratory Name

Does the patient reside within Texas' plague enzootic area (shaded area)? Y N U



Occupation: _____
 (Give exact job, type of business or industry, and location)

Does the patient work with or around livestock, wildlife, or exotic animals? Y N U If yes, describe completely species involved and activities.

Did patient handle sick or dead rodents, rabbits, or other animals in the two weeks prior to onset of symptoms? Y N U
 If yes, describe.

Wild animal contact (including hunting activities) Y N U If yes, describe.

Does the patient recall flea or other insect bites? Y N U If yes, describe.

Does the patient have any pets? Y N U If yes, list species and number.

Are these pets free-roaming? Y N U

Is there any illness among these pets? Y N U If yes, describe.

Describe whereabouts during 10 days prior to onset of symptoms. (Be specific about outdoor activities)

Investigated by: _____ Phone: (____) _____

Agency: _____ Date: _____

Community Contact Information Worksheet

Patient's Name _____

Name	Date of Contact	Location and Time of Contact with Patient	Date Contacted and Counselled
Family and Household Contacts			
Work/School Contacts			
Friends/Acquaintances			
Hospital Contacts			

To carry out field investigation in and around the home and work areas, it is necessary to get permission to enter and work on private property. Who should be contacted for such permission?

Home: (Name and phone#) _____

Work: (Name and phone#) _____